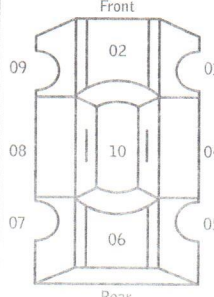




Traffic Crash Report

Local Information		Local Report Number * 14-115		Crash Severity 2 - Injury		Hit/Skip 1 - Solved 2 - Unsolved											
Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other		PDO Under State Reportable Dollar Amount		Private Property		Reporting Agency NCIC * 08303		Reporting Agency Name * Lebanon PD		Number of Units 02		Unit in error 01 98 - Animal 99 - Unknown					
County * 83		City * Lebanon		City, Village, Township *		Crash Date * 03/14/2014		Time of Crash 2040		Day of Week FRI							
Degrees / Minutes / Seconds Latitude 0 ' " Longitude 0 ' "				Decimal Degrees Latitude 39.449160 Longitude -84.185674													
Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided		Divided Lane Direction of Travel <input type="checkbox"/> N - Northbound <input type="checkbox"/> E - Eastbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> W - Westbound		Number of Thru Lanes 04		Road Types or Milepost 2 AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail											
Location Route Type 1 US		Location Route Number 42		Loc Prefix N, S, E, W		Location Road Name Columbus		Location Road Type 2 AV		Route Types 1 IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route							
Distance From Reference 50		Dir From Ref S		Reference Route Type 1		Reference Route Number		Ref Prefix N, S, E, W		Reference Name (Road, Milepost, House #) Belvedere		Reference Road Type 2 br					
Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number		Crash Location 01		01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout		06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access		11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown		<input type="checkbox"/> Intersection Related		Location of First Harmful Event 1 - On Roadway 5 - On Gore 2 - On Shoulder 6 - Outside Trafficway 3 - In Median 9 - Unknown 4 - On Roadside					
Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level		4 - Curve Grade 9 - Unknown		Road Conditions Primary 01 Secondary		01 - Dry 02 - Wet 03 - Snow 04 - Ice		05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*		09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown		* Secondary Condition Only					
Manner of Crash Collision/Impact 1 - Not Collision Between 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown		Weather 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke		4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown													
Road Surface 2 - Concrete 3 - Blacktop, Bituminous, Asphalt 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other		Light Conditions Primary 4 Secondary		1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway		5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other		9 - Unknown		<input type="checkbox"/> School Zone Related <input type="checkbox"/> School Bus Directly Involved <input type="checkbox"/> School Bus Indirectly Involved							
<input type="checkbox"/> Work Zone Related		<input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)		Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median		4 - Intermittent or Moving Work 5 - Other		Location of Crash in Work Zone 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area		4 - Activity Area 5 - Termination Area							
Narrative Unit 1 was crossing Columbus Ave. Westbound. Unit 1 was not in a crosswalk. Unit 2 was traveling Southbound on Columbus Ave and struck unit 1.				Diagram Belvedere Dr. U.S. 42 NOT TO SCALE													
Report Taken By <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist		<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPs)		Date Crash Reported 03/14/2014		Time Crash Reported 2040		Dispatch Time 2042		Arrival Time 2042		Time Cleared 2103		Other Investigation Time 0010		Total Minutes 0033	
Officer's Name * DKURILKO				Officer's Badge Number 115				Checked By LCB 131				Page of					

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver)	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver)	Damage Scale <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>	Damaged Area 
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver)				
LP State <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>	License Plate Number <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	Vehicle Identification Number <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px;"></div>	# Occupants <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px;"></div>	
Vehicle Year <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>	Vehicle Make <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	Vehicle Model <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	Vehicle Color <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px;"></div>	Policy Number <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	Towed By <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 1 - Less Than or Equal to 10K Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No. <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit	
HM Class Number <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>			

Non-Motorist Location Prior to Impact <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 99 - Unknown or Hit / Skip	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Boattail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> Has HM Placard					

Special Function <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 01 - None 02 - Taxi 03 - Rental Truck (over 10K Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip. 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other 99 - Unknown	Impact Area <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>	Action <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 99 - Unknown	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless 13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action
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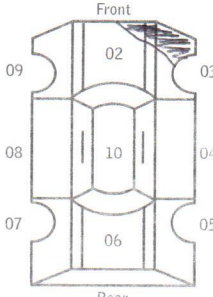
Contributing Circumstances Primary <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> Secondary <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 99 - Unknown	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 2 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 3 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 4 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 5 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 6 <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> First Harmful Event <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> Most Harmful Event <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision
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Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacycle 16 - Railway Vehicle (Train,Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div>	Traffic Control <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> To <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px;"></div> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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14-115

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Andrew and Heather Plum DVM Inc	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 513-706-2938	Damage Scale 2	Damaged Area 
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 1001 Columbus Ave. Lebanon, OH 45036				
LP State OH	License Plate Number VMED	Vehicle Identification Number 1GKUKKE30ARZ4751F	# Occupants 01	
Vehicle Year 2010	Vehicle Make GMC	Vehicle Model SW	Vehicle Color Silver	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Cincinnati Ins. Co.	Policy Number ENP0021160	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	
US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway <input type="checkbox"/> Hit / Skip Unit	
HM Placard ID No. 1	HM Class Number 1	Hazardous Material Released <input type="checkbox"/>		
Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown		Type of Use 2 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 06 99 - Unknown or Hit / Skip	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle
Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle		Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist		
Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other		09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 03 Impact Area 03 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other 99 - Unknown
Pre-Crash Actions 01 99 - Unknown		Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown		
Contributing Circumstances Primary 01 Secondary 01 99 - Unknown		Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action		
Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects				
Sequence of Events 1 14 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 99 - Unknown		Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision		
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport		Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object		
Unit Speed 01 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 01	Traffic Control 01 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To 2 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

14-115

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Adams, Danielle, K	DATE OF BIRTH 12/21/1987	AGE 26	GENDER F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 705 Deerfield Rd. Apt 12, Lebanon, OH 45036		CONTACT PHONE- INCLUDE AREA CODE 513-720-3763									
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY Lebanon	MEDICAL FACILITY INJURED TAKEN TO Atrium	SAFETY EQUIPMENT USED 09	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 15	AIR BAG USAGE 5	EJECTION 4	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER TF135346	OL CLASS A	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 2	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY 1			

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Plum, Heather, C	DATE OF BIRTH 02/28/1971	AGE 43	GENDER F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 406 Countryside Dr. Lebanon, OH 45036		CONTACT PHONE- INCLUDE AREA CODE 513-706-2938									
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RJ195218	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY 1			

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	Non-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (Elbows,Knees, Etc) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trailing Unit Such As A Bus, Pick-up with CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (Non-Trailing Unit) 15 - Non-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY Non-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)	6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER []	NAME: LAST, FIRST, MIDDLE []	DATE OF BIRTH []	AGE []	GENDER F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP []		CONTACT PHONE- INCLUDE AREA CODE []							
INJURIES []	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED []	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []
UNIT NUMBER []	NAME: LAST, FIRST, MIDDLE []	DATE OF BIRTH []	AGE []	GENDER F - FEMALE M - MALE					
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INJURIES []	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED []	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION []	AIR BAG USAGE []	EJECTION []	TRAPPED []

Statement Supplement - Lined

LPD INV#023 9/16/03